

Provider Quarterly Report of Human Rights Activities

Name of Provider: _____

Local Human Rights Committee: _____

Name of Provider LHRC Liaison: _____

Name of Licensing Specialist: _____

Number of individuals served by provider in this quarter: _____

Year: _____

Quarter: 1st Quarter: Jan. 1 - Mar. 31st _____

2nd Quarter: Apr. 1 - June 30 _____

3rd Quarter: July 1 - Sept. 30 _____

4th Quarter: Oct. 1 - Dec. 31 _____

Submit the follow reports from CHRIS:

- CHRIS Report AB-01- Abuse Cases by date range
- CHRIS Comp-01-Complaint Cases by date range
- Complaints or abuse cases that resulted in a violation (founded) should be printed from CHRIS and submitted.
- Complaints or abuse cases that resulted in a corrective action plan should be printed from CHRIS and submitted.

** Remember to always remove all names and other identifying information before submitting a case to the local human rights committee.*

Additional reporting and review requirements as applicable:

Please provide information about your efforts to ensure that allegations of abuse and neglect and human rights complaints are captured and reported as required by the regulations.

Provide information about any changes to your DBHDS licensing status including citations, service additions and closures.

Department of Behavioral Health and Developmental Services
Office of Human Rights

Provide information about any new or amended policies, procedures or program rules that could potentially impact the human rights of individuals receiving services through your organization including but not limited to, restrictions, restraints, seclusions and time-outs.

Please list the actions you have taken to meet the provider's requirements under section 12 VAC 35-115-250 (A) related to support of the LHRC and recruitment of members as needed.

Quarterly Review of any Behavioral Plans involving the use of restraint or time out: